

# CROSSWALK

## 14-15 Indicators Cross-walked to 15-16

*\*Please Note: There are minor editorial changes throughout the document.\**

Administrative Issues			
14-15	15-16		Potential Recoup
A1-01	A1-01		
A1-02	A1-02		
A1-03	A1-03		
A1-04	A1-04		
A1-05	A1-05		
A1-06	A1-06		
<b>A1-07</b>	<b>A1-07</b>		<b>R</b>
A1-08	<b>A1-08</b> <b>R</b>	Key Indicator is recoupable.	<b>R</b>
A1-09	<b>A1-09</b> <b>R</b>	Key Indicator is recoupable.	<b>R</b>
A1-10	<b>A1-10</b> <b>R</b>	Key Indicator is recoupable.	<b>R</b>
A1-11	A1-11		
<b>A1-12</b>	<b>A1-12</b>		<b>R</b>
A1-13	A1-13		
A1-14	A1-14		
A1-15	A1-15		
A1-16	A1-16		
A1-17	A1-17	<b>Guidance added:</b> <i>(last bullet added)</i>  For residential and day service providers: Review of any GERD/Dysphagia Consultation reports to ensure there has been follow-up on recommendations.	
A1-18	A1-18		
A1-19	A1-19		
A1-20	A1-20		
A1-21	A1-21		
A1-22	A1-22		
A1-23	A1-23	<b>Guidance added:</b>  The Provider shall conduct quarterly unannounced visits to all of its residential locations across all shifts excluding third shift in Community Training Home-I and Supervised Living-I Programs, including weekends, to assure sufficient staffing and supervision per the consumers' plans. Managers should not visit homes they supervise, but should visit homes managed by their peers.	
A1-24	A1-24	<b>Guidance added:</b>  Do providers have a policy for security and access to electronic records?	

A1-25	A1-25		
A1-26	A1-26		
A1-27	A1-27		
A1-28	A1-28		
A1-29	A1-29		
N/A	A1-30 New	<p><b>New Key Indicator:</b></p> <p>Board/Provider follows procedures regarding Medication Technician Certification program, as outlined in DDSN Directive 603-13-DD.</p> <p><b>New Guidance:</b></p> <p>For Boards/Providers utilizing Medication Technicians, the Board/Provider is required to maintain the following records:</p> <p>Documentation that the Medication Technician Certification course was approved by DDSN Division of Quality Management;</p> <p>A roster of all Medication Technicians employed with the Board/Provider;</p> <p>A Medication Technician Training certificate for each employee upon successful completion of the minimum 16 hour course;</p> <p>A record of quarterly oversight sessions (Quarterly oversight should be tailored toward the needs of the agency and the medication technician. Documentation of the type of oversight and staff responsible must be maintained in a centralized location for each agency); and</p> <p>A record of annual refresher class attendance (The refresher course must be on the administration of medication and no less than two (2) hour duration). Documentation must include the instructor's name/signature and title.</p> <p>The QIO may pull a sample of Medication Technician files (current employees or those employed within the review period) to review for compliance with requirements outlined in the directive).</p> <p><b>Source: DDSN Directive 603-13-DD: Medication Technician Certification</b></p>	

Fiscal Issues			
A2-01	A2-01		
A2-02	A2-02		
A2-03	A2-03		

General Agency			
Case Management Non-Waiver Indicators			
14-15	15-16		Potential Recoup
G1-01	G1-01	Key Indicator Deleted	<b>R</b>
G1-02	G1-02	Key Indicator Deleted	
G1-03	G1-03	Key Indicator Deleted	
G1-04	G1-04	Key Indicator Deleted	
G1-05	G1-05	Key Indicator Deleted	
G1-06	G1-06	Key Indicator Deleted	

Case Management Non-Waiver Indicators			
G1-101	G1-101		
G1-102	G1-102		
G1-103	G1-103		
N/A	G1-104 New	<p><b>New Key Indicator:</b> <i>(This is the previous G2-03 indicator.)</i></p> <p>A valid Service Agreement is present and signed as appropriate.</p> <p><b>New Guidance:</b></p> <p>A valid Service Agreement (review most recently completed Service Agreement to assure that it is dated and signed). For children and for adult's adjudicated incompetent, the current legal guardian (if applicable) must sign the form. For those 18 years and older or those with a name change, a new Service Agreement should be signed by the individual. The most current Service Agreement that is signed and dated by the appropriate party must be filed in the primary case record. Score "Not Met" if there is not a Service Agreement in the primary case record and/or it is not signed and dated by the appropriate party. If an individual is unable to sign, but can make their "mark," the mark must be witnessed. If an individual is unable to sign or make their mark on the Service Agreement, there will be an explanation on the form and supporting documentation in the file.</p>	
G1-104	G1-105	Key Indicator Number Change Only	
G1-105	G1-106	Key Indicator Number Change Only	
G1-106	G1-107	Key Indicator Number Change Only	
G1-107	G1-108	Key Indicator Number Change Only	
G1-108	G1-109	Key Indicator Number Change Only	
G1-109	G1-110	Key Indicator Number Change Only	
G1-110	G1-111	Key Indicator Number Change Only	
G1-111	G1-112	<p><b>Guidance Added:</b> <i>(Key Indicator Number Change. The guidance from Key Indicator G2-05 was added to this section)</i></p> <p>Check the record for documentation that information was provided to individual/legal guardian (if applicable) annually.</p> <p>This may be found in service notes or as a form letter in the record. Information must define what abuse and neglect is and how to report.</p> <p>Source: Case Management Standards; CQL Basic Assurances 1, 2, 4,10</p>	
G1-112	G1-113	Key Indicator Number Change Only	
G1-113	G1-114	Key Indicator Number Change Only	
G1-114	G1-115	Key Indicator Number Change Only	
G1-115	G1-116	Key Indicator Number Change Only	
G1-116	G1-117	Key Indicator Number Change Only	

Case Management			
G2-01 W	<del>G2-01</del> <del>W</del>	Key Indicator Deleted	
G2-02 W	<del>G2-02</del> <del>W</del>	Key Indicator Deleted	
G2-03	<del>G2-03</del>	<b>Key Indicator moved to G1-104</b>	
G2-04	<del>G2-04</del>	Key Indicator Deleted	
G2-05	<del>G2-05</del>	<b>Key Indicator moved to G1-112</b>	
G2-06	<del>G2-06</del>	Key Indicator Deleted	
G2-07	<del>G2-07</del>	Key Indicator Deleted	
G2-08	<del>G2-08</del>	Key Indicator Deleted	

Employment/Day Services			
G3-01	G3-01		
G3-02	G3-02		
G3-03	G3-03	<b>Guidance added:</b>  If the consumer did not attend at least 10 days during the first 30 calendar days, then the assessment should be completed by the 10 <sup>th</sup> day of attendance.	
G3-04	G3-04		
G3-05	G3-05	<b>Guidance added:</b>  If the consumer did not attend at least 10 days during the first 30 calendar days, then the plan should be completed by the 10 <sup>th</sup> day of attendance.	
G3-06	G3-06		
G3-07	G3-07		
G3-08	G3-08		
G3-09	G3-09		
G3-10	G3-10		
G3-11	G3-11		
G3-12	G3-12	<b>Revision to Guidance:</b> <i>(underlined information added to guidance)</i>  The word “objective” was added to bullet 1 and 2.  The Program Director’s or designee’s signature on the Monthly Data Recording Sheet <u>or</u> <u>logged review of the ISP Program/ISP Data in Therap</u> signifies that the training intervention(s) <u>and objective(s)</u> in the plan have been monitored.  An evaluation of progress for each training intervention/ <u>objective</u> must be noted.  If no progress is made over the previous month’s percentage, a comment is required on the Monthly Data Recording Sheet <u>or in the ISP Program/ISP Data in Therap</u> detailing the changes to the intervention or methods, or an explanation for the lack of progress and justification for continuing with the intervention and methods unchanged.	
G3-13	G3-13	<b>Guidance added: (underlined information added to guidance)</b>  <b><u>NOTE:</u></b> Amendments <u>to paper plans</u> must be made using a separate form identified as a plan amendment, indicating the date of the amendment, the name and date of birth, the reason for the amendment, and description of how the plan is being amended.  <u>Plans developed in Therap’s ISP Programs do not require a paper amendment form, but should reflect the reason for the change to the ISP Program.</u>	

Employment - Individual Placement			
<i>“Please note there are no changes to Employment – Individual Placement Indicators.”</i>			
G4-01	G4-01		
G4-02	G4-02		
G4-03	G4-03		
G4-04	G4-04		
G4-05	G4-05		
G4-06	G4-06		

HASCI Division Rehabilitation Supports			
<i>“Please note there are no changes to the HASCI Rehabilitation Support Indicators.”</i>			
G5-01	G5-01		
G5-02	G5-02		
G5-03	G5-03		
G5-04	G5-04		
G5-05	G5-05		
G5-06	G5-06		
G5-07	G5-07		

Residential Services			
<i>“Please note there are no changes to Residential Services Support Indicators.”</i>			
G6-01	G6-01		
G6-02	G6-02		
G6-03 W	G6-03 <del>W</del>	No longer a weighted key indicator	
G6-04	G6-04		
G6-05	G6-05		
G6-06	G6-06		
G6-07	G6-07		
G6-08	G6-08		
G6-09	G6-09		
G6-10	G6-10		
G6-11	G6-11		
G6-12	G6-12		

Health & Behavior Support Services			
<i>“Please note there are no changes to Health and Behavior Support Services Indicators.”</i>			
G7-01 W	G7-01 W		
G7-02	G7-02		
G7-03	G7-03		
G7-04	G7-04		
G7-05	G7-05		
G7-06	G7-06		
G7-07	G7-07		
G7-08	G7-08		

HASCI Waiver			
14-15	15-16		Potential Recoup
G8-01	G8-01		R
G8-02	G8-02		
G8-03	G8-03		R
G8-04	G8-04		
G8-05	G8-05		
G8-06	G8-06		
G8-07	G8-07	<p><b>Revision to Guidance:</b> <i>(first sentence deleted)</i></p> <p>When service changes are identified as needed in the participant’s waiver record but the CM fails to update the plan, the CM services will be identified for recoupment by the reviewer.</p>	R

G8-08 W	G8-08 W	<p><b>Revision to Guidance:</b> <i>(The term “service coordination” removed from Key Indicator and Guidance)</i></p> <p><i>Following bullets were added to section b.</i></p> <p>A face-to-face visit in the individual’s residence to gather information for the annual assessment.</p> <p>A face –to-face contact with the individual every 180 days in conjunction with the review/update of the Annual Assessment.</p>	
G8-09	G8-09		
G8-10	G8-10		
G8-11	G8-11		
G8-12	G8-12		
G8-13	G8-13		
G8-14	G8-14		
G8-15	G8-15		
<b>G8-16</b>	<b>G8-16</b>	<p><b>Revision to Guidance</b> <i>(Information added to guidance. The term Service Coordination and the word staffing were removed. The term Service Coordination was replaced with Case Manager).</i></p> <p>Effective July 1, 2015: From the point that the assessment is complete and adequate to determine the level of care, the level of care must be determined, completed, and documented within three (3) business days. There may be times when clarification of an applicant’s medical condition or additional information is indicated and may interfere with the established timeframes. Any exceptions to these timeframes must be documented in the narrative.</p>	<b>R</b>
<b>G8-17</b>	<b>G8-17</b>		<b>R</b>
G8-18	G8-18		
G8-19 W	G8-19 W		
G8-20	G8-20		
<b>G8-21</b>	<b>G8-21</b>	<p><b>Revision to Guidance</b></p> <p><i>The term “Service Coordinator” was replaced with Case Manager.</i></p>	<b>R</b>
G8-22 W	G8-22 W		
<b>G8-23</b>	<b>G8-23</b>		<b>R</b>
G8-24	G8-24		
G8-25 W	G8-25 W		
G8-26	G8-26		
<b>G8-27</b>	<b>G8-27</b>		<b>R</b>
<b>G8-28</b>	<b>G8-28</b>	<p><b>Revision to Guidance</b></p> <p><i>The term Service Coordinator was replaced with Case Manager.</i></p>	<b>R</b>
G8-29	G8-29		
G8-30	G8-30		
G8-31	G8-31		
<b>N/A</b>	<b>G8-32 New R</b>	<p><b>New Key Indicator:</b> <i>(Key Indicator Recoupable)</i></p> <p>Authorized waiver services are suspended when the waiver participant is hospitalized or temporarily placed in an NF or ICF/IID.</p>	<b>R</b>

		<p><b>New Guidance:</b></p> <p>Review participants service notes and other documents to determine if participant was hospitalized or temporarily placed in a nursing facility or ICF/IID. If so, verify that the case manager suspended waiver services prior to facility placement. Waiver services allowed to pay due to incorrect/missing service suspension are subject to recoupment.</p> <p><b>NOTE: Not intended for Institutional Respite cases.</b></p>	
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HASCI Waiver Case Management			
14-15	15-16		Potential Recoup
<b>G8-101</b>	<b>G8-101</b>		<b>R</b>
<b>G8-102</b>	<b>G8-102</b>		<b>R</b>
<b>G8-103</b>	<b>G8-103</b>		<b>R</b>
<b>G8-104</b>	<b>G8-104</b>		<b>R</b>
<b>G8-105</b>	<b>G8-105</b>		<b>R</b>
<b>G8-106</b>	<b>G8-106</b>		<b>R</b>
<b>G8-107</b>	<b>G8-107</b>		<b>R</b>
G8-108	G8-108		
<b>G8-109</b>	<b>G8-109</b>		<b>R</b>
G8-110	G8-110		
<b>G8-111</b>	<b>G8-111</b>		<b>R</b>

ID/RD Waiver			
14-15	15-16		Potential Recoup
<b>G9-01</b>	<b>G9-01</b>		<b>R</b>
<b>G9-02</b>	<b>G9-02</b>		<b>R</b>
G9-03 W	G9-03 W		
G9-04	G9-04		
G9-05	G9-05		
G9-06	G9-06		
G9-07	G9-07		
G9-08	G9-08		
<b>G9-09</b>	<b>G9-09</b>		<b>R</b>
G9-10 W	G9-10 W		
G9-11	G9-11		
G9-12	G9-12		
G9-13	G9-13		
<b>G9-14</b>	<b>G9-14</b>		<b>R</b>
G9-15	G9-15		
G9-16	G9-16		
G9-17 W	G9-17 W		
G9-18	G9-18		
G9-19	G9-19		
<b>G9-20</b>	<b>G9-20</b>		<b>R</b>

<b>G9-21</b>	<b>G9-21</b>		<b>R</b>
<b>G9-22</b>	<b>G9-22</b>		<b>R</b>
G9-23	G9-23		
G9-24	G9-24		
<b>G9-25</b>	<b>G9-25</b>		<b>R</b>
G9-26	G9-26		
<b>G9-27</b>	<b>G9-27</b>		<b>R</b>
<b>G9-28</b>	<b>G9-28</b> <b>R</b>	<p><b>Guidance added:</b> (Key Indicator is recoupable)</p> <p>Review participants service notes and other documents to determine if participant was hospitalized or temporarily placed in a nursing facility or ICF/IID. If so, verify that the case manager suspended waiver services prior to facility placement. Waiver services allowed to pay due to incorrect/missing service suspension are subject to recoupment.</p> <p><b>NOTE: Not intended for Institutional Respite cases.</b></p>	<b>R</b>
<b>G9-29</b>	<b>G9-29</b>		<b>R</b>
<b>G9-30</b>	<b>G9-30</b>		<b>R</b>
G9-31	G9-31		
G9-32	G9-32		
G9-33	G9-33		

ID/RD Waiver Case Management			
14-15	15-16		Potential Recoup
<b>G9-101</b>	<b>G9-101</b>		<b>R</b>
<b>G9-102</b>	<b>G9-102</b>		<b>R</b>
<b>G9-103</b>	<b>G9-103</b>		<b>R</b>
<b>G9-104</b>	<b>G9-104</b>		<b>R</b>
<b>G9-105</b>	<b>G9-105</b>		<b>R</b>
<b>G9-106</b>	<b>G9-106</b>		<b>R</b>
<b>G9-107</b>	<b>G9-107</b>		<b>R</b>
G9-108	G9-108		
<b>G9-109</b>	<b>G9-109</b>		<b>R</b>
G9-110	G9-110		
<b>G9-111</b>	<b>G9-111</b>		<b>R</b>

PDD Program			
14-15	15-16		Potential Recoup
<b>G10-01</b>	<b>G10-01</b>		<b>R</b>
G10-02	G10-02		
G10-03	G10-03		
<b>G10-04</b>	<b>G10-04</b> <b>R</b>	<b>G10-04 and G10-21 Key Indicators were combined. G10-04 is recoupable</b>	<b>R</b>
G10-05 W	G10-05 W		
G10-06	G10-06		
G10-07	G10-07		
G10-08	G10-08		



<b>G10-09</b>	<b>G10-09</b>		<b>R</b>
<b>G10-10</b>	<b>G10-10 R</b>	<b>G10-10 and G10-29 Key Indicators were combined. G10-10 is recoupable</b>	<b>R</b>
G10-11	G10-11		
<b>G10-12</b>	<b>G10-12</b>		<b>R</b>
G10-13	G10-13		
G10-14	G10-14		
<b>G10-15</b>	<b>G10-15</b>		<b>R</b>
<b>G10-16</b>	<b>G10-16</b>		<b>R</b>
G10-17	G10-17		
G10-18	G10-18		
G10-19 W	G10-19 W		
<b>G10-20</b>	<b>G10-20</b>		<b>R</b>
<b>G10-21</b>	<del><b>G10-21</b></del>	Key Indicator Deleted	<b>R</b>
G10-22	G10-21	<i>Key Indicator Number Change Only</i>	
G10-23	G10-22	<i>Key Indicator Number Change Only</i>	
G10-24	G10-23	<i>Key Indicator Number Change Only</i>	
G10-25	G10-24	<i>Key Indicator Number Change Only</i>	
G10-26	G10-25	<i>Key Indicator Number Change Only</i>	
G10-27	G10-26	<i>Key Indicator Number Change Only</i>	
G10-28 W	G10-27 W	<i>Key Indicator Number Change Only</i>	
<b>G10-29</b>	<del><b>G10-28</b></del>	<b>Key Indicator Number Change and Indicator Deleted</b>	<b>R</b>
<b>G10-30</b>	<b>G10-28</b>	<i>Key Indicator Number Change Only</i>	<b>R</b>
<b>N/A</b>	<b>G10-29 New R</b>	<p><b>New Key Indicator:</b> (<i>Key Indicator Recoupable</i>)</p> <p>Authorized waiver services are suspended when the waiver participant is hospitalized or temporarily placed in an NF or ICF/IID.</p> <p><b>New Guidance:</b></p> <p>Review participants service notes and other documents to determine if participant was hospitalized or temporarily placed in a nursing facility or ICF/IID. If so, verify that the case manager suspended waiver services prior to facility placement. Waiver services allowed to pay due to incorrect/missing service suspension are subject to recoupment.</p> <p><b>NOTE: Not intended for Institutional Respite cases.</b></p>	<b>R</b>

<b>PDD Waiver Case Management</b>			
<b>14-15</b>	<b>15-16</b>		<b>Potential Recoup</b>
<b>G10-101</b>	<b>G10-101</b>		<b>R</b>
<b>G10-102</b>	<b>G10-102</b>		<b>R</b>
<b>G10-103</b>	<b>G10-103</b>		<b>R</b>
<b>G10-104</b>	<b>G10-104</b>		<b>R</b>
<b>G10-105</b>	<b>G10-105</b>		<b>R</b>
<b>G10-106</b>	<b>G10-106</b>		<b>R</b>
<b>G10-107</b>	<b>G10-107</b>		<b>R</b>
G10-108	G10-108		
<b>G10-109</b>	<b>G10-109</b>		<b>R</b>
G10-110	G10-110		
<b>G10-111</b>	<b>G10-111</b>		<b>R</b>

Community Supports Waiver			
14-15	15-16		Potential Recoup
<b>G11-01</b>	<b>G11-01</b>		<b>R</b>
<b>G11-02</b>	<b>G11-02</b>		<b>R</b>
G11-03	G11-03		
G11-04	G11-04		
G11-05	G11-05		
G11-06	G11-06		
G11-07	G11-07		
G11-08	G11-08		
<b>G11-09</b>	<b>G11-09</b>		<b>R</b>
G11-10 W	G11-10 W		
G11-11	G11-11		
G11-12	G11-12		
G11-13	G11-13		
<b>G11-14</b>	<b>G11-14</b>		<b>R</b>
G11-15	G11-15		
G11-16	G11-16		
G11-17	G11-17		
G11-18	G11-18		
G11-19	G11-19		
<b>G11-20</b>	<b>G11-20</b>		<b>R</b>
<b>G11-21</b>	<b>G11-21</b>		<b>R</b>
<b>G11-22</b>	<b>G11-22</b>		<b>R</b>
G11-23	G11-23		
G11-24	G11-24		
G11-25	G11-25		
<b>G11-26</b>	<b>G11-26</b>		<b>R</b>
<b>G11-27 R</b>	<b>G11-27 R</b>	<p><b>Guidance added:</b> <i>(Key indicator is recoupable)</i></p> <p>Review participants service notes and other documents to determine if participant was hospitalized or temporarily placed in a nursing facility or ICF/IID. If so, verify that the case manager suspended waiver services prior to facility placement. Waiver services allowed to pay due to incorrect/missing service suspension are subject to recoupment.</p> <p><b>NOTE: Not intended for Institutional Respite cases.</b></p>	<b>R</b>
<b>G11-28</b>	<b>G11-28</b>		<b>R</b>
<b>G11-29</b>	<b>G11-29</b>		<b>R</b>
G11-30	G11-30		
G11-31	G11-31		
G11-32	G11-32		

Community Supports Waiver Case Management			
14-15	15-16		Potential Recoup
<b>G11-101</b>	<b>G11-101</b>		<b>R</b>
<b>G11-102</b>	<b>G11-102</b>		<b>R</b>
<b>G11-103</b>	<b>G11-103</b>		<b>R</b>
<b>G11-104</b>	<b>G11-104</b>		<b>R</b>

<b>G11-105</b>	<b>G11-105</b>		<b>R</b>
<b>G11-106</b>	<b>G11-106</b>		<b>R</b>
<b>G11-107</b>	<b>G11-107</b>		<b>R</b>
G11-108	G11-108		
<b>G11-109</b>	<b>G11-109</b>		<b>R</b>
G11-110	G11-110		
<b>G11-111</b>	<b>G11-111</b>		<b>R</b>

<b>EIBI Providers Only</b>			
<b>14-15</b>	<b>15-16</b>		<b>Potential Recoup</b>
<b>G12-01</b>	<b>G12-01</b>	<b>Guidance added:</b> <ul style="list-style-type: none"> <li>PDD Tuberculin Test</li> </ul>	<b>R</b>
<b>G12-02</b>	<b>G12-02</b>	<b>Guidance added:</b> <ul style="list-style-type: none"> <li>PDD Tuberculin Test</li> </ul>	<b>R</b>
<b>G12-03</b>	<b>G12-03</b>	<b>Guidance added:</b> (underlined information added to bullet “C”) Current CPR Certification (must be renewed annually or <u>as indicated on the approved curriculum certification of training</u> )	<b>R</b>
G12-04	G12-04		
G12-05	G12-05		
G12-06	G12-06		
N/A	G12-07 New	<b>New Key Indicator:</b> Update assessments and modify the treatment plan as necessary. <b>New Guidance:</b> When service changes are identified as needed in the participant’s waiver record, but the Consultant fails to update the plan. Review all plans and service notes in effect during the review period to determine if: Updates are made when new service needs or interventions are identified: b) There have been significant changes in the child’s life; c) A service is determined to not be effective; d) A need(s) has/have been met; e) The parent is not satisfied; f) The child is uncooperative.	
N/A	<b>G12-08</b> New <b>R</b>	<b>New Key Indicator: (Key Indicator Recoupable)</b> General requirements for all employees. These requirements must be met and evidence of such maintained by the Provider prior to the start of services. <b>New Guidance:</b> DSS Child Abuse Central Registry: The ABA Consultant, Lead and Line Therapist must have a clear background check to indicate that the employee is not listed in the South	<b>R</b>

		<p>Carolina Department of Social Service (SCDSS) Child Abuse Central Registry. This must be reconfirmed annually with the results obtained before the current notification expires. All names are to be submitted to DSS using Consent to Release Information (SCDSS Form 3072).</p> <p>South Carolina Law Enforcement Division/Sexual Offender Registry: The ABA Consultant, Lead and Line Therapist must have clear background check to indicate that the employee is not listed in the South Carolina Law Enforcement Division/Sexual Offender Registry. This must be reconfirmed annually with the results obtained before the current notification expires.</p> <p>Federal Criminal Background Check prior to employment: The ABA Consultant, Lead and the Line Therapist must have clear background check to indicate that the employee is not listed as having a felony conviction as determined by an officially obtained Federal report. A SLED Background Check must be conducted annually with the results obtained before the current notification expires.</p> <p>Driver's License: The ABA Consultant, Lead and Line Therapist must provide a copy of current, valid driver's license that must be submitted annually by the anniversary date. If no driver's license, submit a copy of an Official State ID Card.</p> <p>PPD Tuberculin Test: The ABA Consultant, Lead and Line Therapist must have a negative PPD TB Test result. Please refer to South Carolina Department of Health and Environmental Control (SCDHEC) website, Regulation 61-75 – Standards for Licensing page 11 of 36 section b. 1-6 for PPD Tuberculin test requirements.</p> <p>Documentation of Training: The ABA Consultant, Lead and Line Therapist must have documentation of receiving annual in-service training of at least 12 hours. Annual training must occur before the current training expires. Topics may vary from the initial training, but must include the child's Individualized EIBI program. At least fifty per cent (50%) of this training must be facilitated face to face and provide validation of skills through demonstration and a post test.</p>	
G12-07	G12-09	<i>Indicator Number Change Only</i>	
G12-08	G12-10	<i>Indicator Number Change Only</i>	

Early Intervention			
BabyNet Only			
14-15	15-16	BabyNet Only BabyNet/DDSN DDSN Only	Potential Recoup
E1-01	E1-01		
E1-02	E1-02		
E1-03	E1-03		
<b>E1-04</b>	<b>E1-04</b>		<b>R</b>
E1-05	E1-05		
E1-06	E1-06		
E1-07	E1-07		
E1-08	E1-08	<p><b>Revision to Key Indicator:</b></p> <p><del>“and an end date”</del> (deleted from indicator)</p> <p><b>Revision to Guidance:</b> (Information deleted from guidance and underline information added to guidance)</p> <p><del>For IFSP's completed prior to March 1, 2014</del> Review the Summary of Services/<u>Planned Services</u> page of the IFSP to ensure that all BabyNet services being received are listed</p>	

		<del>For IFSP's completed after March 1, 2014 Review the Planned Services section of the IFSP, to ensure that all BabyNet services being received are listed.</del>	
E1-09	E1-09		
E1-10	E1-10	<b>Revision to Guidance: (underlined information added to guidance)</b>  Review the IFSP <u>Planned Service</u> section and Service Notes to determine if services began within 30 days of identification, if there was a provider available.	
E1-11	E1-11		
E1-12	E1-12	<b>Revision to Guidance: (Information deleted from guidance)</b>  <del>For IFSP's completed prior to March 1, 2014 If the child is 2.6 years or older review Services Notes, transition page section of the IFSP, and a copy of the transition referral to ensure the referral was sent by the time the child was 2.6 years old.</del>  <del>For IFSP's completed after March 1, 2014 If the child is 2.6 years or older review Service notes, transition referral form and/or front page of the IFSP to ensure that the transition referral was sent by the time the child was 2.6 years old.</del>	
E1-13	E1-13	<b>Revision to Guidance: (Information deleted from guidance)</b>  <del>For IFSP's completed prior to March 1, 2014 Review Service Notes, IFSP, and/or transition section page of IFSP to ensure the transition conference was held 90 days prior to the child's third birthday. The parent/caregiver can choose not to have a conference</del>  <del>For IFSP's completed after March 1, 2014 Review Service Notes, the front page of the IFSP to ensure the transition conference was held 90 days prior to the child's third birthday. The parent/caregiver can choose not to have a conference</del>	
E1-14	E1-14	<b>Revision to Guidance: (Information deleted from guidance)</b>  <del>There should only be one outcome per page.</del>	
E1-15	E1-15	<b>Revision to Guidance: (Information deleted from guidance)</b>  <del>For IFSP's completed prior to March 1, 2014</del>  <del>For IFSP's completed after March 1, 2014 Determine if all outcomes have been or are being addressed by the EI. See Family training box in Planned Services section for outcome numbers assigned to the EI for follow up.</del>	
E1-16	E1-16	<b>Revision to Key Indicator:</b>  Assessments are completed every 180 days <del>6 months</del> or as often as changes warrant. <b>Revision to Guidance:</b> (Information deleted from guidance and six (6) months changed to 180 days)  <del>For IFSP's completed before March 1, 2014 Review assessment dates on chosen assessment tool(s) and IFSP to ensure they are completed every 180 days 6 months or as changes warrant (i.e., significant improvement or regression).</del>  <del>For IFSP's completed after March 1, 2014 Review assessment dates on chosen assessment tool(s) and 5 Area Assessment or Specialty Assessment sections on the IFSP to ensure they are completed every 6 months or as changes warrant (i.e., significant improvement or regression).</del>	
E1-17	E1-17	<b>Revision to Guidance:</b> (Information deleted from guidance and underline information added to guidance)  <del>For IFSP's completed before March 1, 2014 The IFSP should outline the frequency of</del>	

		<p>Family Training. Review the Family Training summary sheets, IFSP Summary of Services/<u>Planned services</u> section, to ensure that FT is provided at the frequency and duration outlined. If the frequency and duration outlined is not being provided consistently, review Service Notes and other documentation to see if the EI is attempting to follow the schedule.</p> <p><del>For IFSP's completed after March 1, 2014 The IFSP Planned Services section should outline the frequency of Family Training. Review the Family Training summary sheets, IFSP Planned Services section to ensure that the FT is provided at the frequency and duration outlined. If the frequency and duration is not being provided consistently, review Service Notes and other documentation to see if the EI is attempting to follow the schedule.</del></p> <p><u>If the parent/caregiver cancels the visit the EI does NOT have to offer to make the visit up.</u></p>	
E1-18	E1-18		
E1-19 W	E1-19 <del>W</del>	No longer a weighted indicator	
E1-20	E1-20		
E1-21	E1-21		
E1-22	E1-22		
E1-23	E1-23		
E1-24	E1-24		
E1-25	E1-25		
E1-26	E1-26		
E1-27	E1-27		

BabyNet/DDSN			
14-15	15-16		Potential Recoup
E2-01	E2-01		
E2-02	E2-02		
E2-03	E2-03		
<b>E2-04</b>	<b>E2-04</b>		<b>R</b>
E2-05	E2-05		
E2-06	E2-06		
E2-07	E2-07		
E2-08	E2-08		
E2-09	E2-09		
E2-10	E2-10		
E2-11	E2-11	<p><b>Revision to Guidance: (Information deleted from guidance)</b></p> <p><del>There should only be one outcome per page.</del></p>	
E2-12	E2-12	<p><b>Revision to Guidance: (Information deleted from guidance)</b></p> <p><del>For IFSP's completed prior to March 1, 2014</del></p> <p><del>For IFSP's completed after March 1, 2014 Determine if all outcomes have been or are being addressed by the EI. See Family Training box in Planned Services section for outcome numbers assigned to the EI for follow up.</del></p>	
E2-13	E2-13	<b>Revision to Guidance: (Information deleted from guidance)</b>	

		<p><del>For IFSP's completed prior to March 1, 2014 For IFSP's completed prior to March 1, 2014 If the child is 2.6 years or older review Services Notes, transition page section of the IFSP, and a copy of the transition referral to ensure the referral was sent by the time the child was 2.6 years old.</del></p> <p><del>For IFSP's completed after March 1, 2014 If the child is 2.6 years or older review service notes, transition referral form and/or front page of the IFSP to ensure that the transition referral was sent by the time the child was 2.6 years old.</del></p>	
E2-14	E2-14	<p><b>Revision to Guidance: (Information deleted from guidance)</b></p> <p><del>For IFSP's completed prior to March 1, 2014</del></p> <p><del>For IFSP's completed after March 1, 2014 Review service notes, the front page of the IFSP to ensure the transition conference was held 90 days prior to the child's third birthday. The parent/caregiver can choose not to have a conference</del></p>	
E2-15	E2-15		
E2-16	E2-16	<p><b>Revision to Key Indicator:</b></p> <p><del>“Summary of Services“ (deleted from indicator) and “and an end date” (deleted from indicator)</del></p> <p><b>Revision to Guidance: (Information deleted from guidance)</b></p> <p><del>For IFSP's completed prior to March 1, 2014</del></p> <p><del>For IFSP's completed after March 1, 2014 Review the Planned Services section of the IFSP to ensure that all BabyNet services being received are listed.</del></p>	
E2-17	E2-17		
E2-18	E2-18		
E2-19	E2-19	<p><b>Revision to Key Indicator:</b></p> <p>Assessments are completed every 180 days <del>6 months</del> or as often as changes warrant.</p> <p><b>Revision to Guidance: (Information deleted from guidance and 6 months changed to 180 days)</b></p> <p><del>For IFSP's completed before March 1, 2014</del>Review assessment dates on chosen assessment tool(s) and IFSP to ensure they are completed <u>every 180 days 6 months</u> or as <u>changes warrant</u> (i.e., significant improvement or regression).</p> <p><del>For IFSP's completed after March 1, 2014 Review assessment dates on chosen assessment tool(s) and 5 Area Assessment or Specialty Assessment sections on the IFSP to ensure they are completed every 6 months or as changes warrant (i.e., significant improvement or regression).</del></p>	
E2-20 W	E2-20 W	<p><b>Revision to Key Indicator:</b></p> <p><del>“Summary of Services“ (deleted from indicator)</del></p> <p><b>Revision to Guidance: (Information deleted from guidance and underline information added to guidance).</b></p> <p>No longer a weighted indicator.</p> <p><del>For IFSP's completed prior to March 1, 2014</del></p> <p><del>For IFSP's completed after March 1, 2014 The IFSP Planned Services section should outline the frequency of Family Training. Review the Family Training Summary Sheets, IFSP Planned Services section to ensure that the FT is provided at the frequency and</del></p>	

		duration outlined. If the frequency and duration is not being provided consistently, review Service Notes and other documentation to see if the EI is attempting to follow the schedule. <u>If the parent/caregiver cancels the visit the EI does NOT have to offer to make the visit up.</u>	
E2-21	E2-21		
E2-22 W	E2-22 <del>W</del>	No longer a weighted indicator	
E2-23	E2-23		
E2-24	E2-24		
E2-25	E2-25		
E2-26	E2-26		
E2-27	E2-27		
E2-28	E2-28		
E2-29	E2-29		
E2-30 Not Included in Score	E2-30 Not Included in Score		

DSN Only			
14-15	15-16		Potential Recoup
E3-01	E3-01		
E3-02	E3-02		
E3-03	E3-03		
E3-04	E3-04		
<b>E3-05</b>	<b>E3-05</b>		<b>R</b>
E3-06	E3-06		
E3-07	E3-07		
E3-08	E3-08		
E3-09	E3-09		
E3-10	E3-10		
E3-11	E3-11	<b>Revision to Guidance:</b> (Information deleted from guidance) <del>There should only be one outcome per page.</del>	
E3-12	E3-12		
E3-13	E3-13	<b>Revision to Guidance:</b> (information deleted and underline information added to guidance). The FSP “Other Services” <del>worksheet must be in all EI files</del> <u>section</u> must reflect current services (Waiver, Center based child care, OT, ST, PT, FT amount, frequency, and duration, Family Support Funds, Respite, ABC, etc.).	
E3-14	E3-14		
E3-15	E3-15	<b>Revision to Key Indicator:</b> Assessments are completed every 180 days <del>6 months</del> or as often as changes warrant. <b>Revision to Guidance:</b> (Information deleted from guidance and 6 months changed to 180 days) Review assessment dates on chosen assessment tool(s) and IFSP to ensure they are completed <u>every 180 days</u> <del>6 months</del> or as changes warrant (i.e., significant improvement or regression).	



E3-16 W	E3-16 <del>W</del>	<b>Revision to Guidance: (No longer a weighted indicator and underline information added to guidance)</b>  <u>If the parent/caregiver cancels the visit the EI does NOT have to offer to make the visit up</u>	
E3-17	E3-17		
E3-18 W	E3-18 <del>W</del>	No longer a weighted indicator	
E3-19	E3-19		
E3-20	E3-20		
E3-21	E3-21		
E3-22	E3-22		
E3-23	E3-23		
E3-24	E3-24		
E3-25	E3-25		
E3-26	E3-26		
E3-27 Not included in score	E3-27 Not included in score		

Residential Observation			
<i>*Please note there are no changes to the Residential Observation Tool*</i>			
14-15	15-16		Potential Recoup